09 November 2013
EJD Policy and Recommendation

EJD Position Paper on PRCBHC

There are major issues at stake for EU health systems and governments who have a responsibility to manage health services under budgetary and other constraints. While the potential economic and social impacts of the directive are very interesting, the role of lobbying and influencing the course of the directive to minimize those impacts is not the prerogative of the EJD. We need to be clear and concise about the key issues that will have a direct impact on Junior Doctors across the EU.

1. Training and Continuing Medical Education

The Directive must take into account the need for postgraduate training and Continuing Medical Education across all member states.

The impact of the Directive on postgraduate medical education and training must be monitored by the EU and all necessary steps taken to ensure that all potential positive impacts are maximized and all negative impacts are acknowledged and mitigated by all means necessary.

Where areas of specialist training opportunities are diminished as a result of patient migration steps must be taken to allow the doctors to receive their training in other jurisdictions

Where there is a shift in work volumes towards private institutions then it must be recognized that those institutions must offer the same training opportunities to Junior Doctors that the same work in a public institution would have offered.

The impact of the Directive on e-medicine and telemedicine is particularly important, as there is great potential for the export of services to other jurisdictions resulting in diminished training and education opportunities in some areas. European Reference Networks and centres of excellence can add an extra weight in this. We acknowledge that it is already stated in Article 12 that medical training and research in this Networks could be focal points, but how this translates in practice is still to be defined. The directive should seek to protect the training opportunities in all jurisdictions or facilitate alternative training opportunities for the doctors deprived of training opportunities arising from the impact of the directive.

2. Migration

There are two forms of migration to be considered:

Patient migration resulting in reduced training opportunities for doctors in some areas as outlined above.

Doctor migration will inevitably occur, as the potential shift in workloads from one jurisdiction to another will require increased workforces in some areas and less in others. There is therefore a potential manpower shortage in some jurisdictions as a result of the directive while at the same time there will be increased competition for training opportunities in both jurisdictions.

The impact of competition on the area of positive migration is obvious but there will also be increased competition for training in the area of negative migration as in that area there will be fewer and fewer training opportunities available for those remaining. This assumes that the migration is following the failure to meet critical mass of cases necessary to continue providing a service.

3. Terms and Conditions (T+C) of Employment

The potential shift from public sector to private sector health care that could arise from the directive may lead to changes in the terms and conditions of employment for doctors within the same jurisdiction.

The migration of medical personnel may lead to employers offering diminished T+C of employment in some areas while scarcity of medical personnel elsewhere may offer better T+C but diminished training opportunities.

With the potential shift in the dynamics of health care and the influence of insurance companies it is possible that the autonomy of the clinician may be diminished. The role of the medical insurance companies may expand to influence the clinical decision made in the workplace.

The Directive must take into account the need to maintain satisfactory conditions of employment for junior doctors and the impact of the Directive on employment conditions of junior doctors must be monitored by the EU and all necessary steps taken to ensure that all potential positive impacts are maximized and all negative impacts are acknowledged and mitigated by all means necessary.

4. Quality assurance

The directive seeks to address the issue of quality assurance across member states but doubt remains as to how this will be monitored or enforced

The quality of medical care being delivered will also reflect the quality of training provided across different jurisdictions. The commission will have to ensure the highest quality of training is maintained in order to assure the quality of the care being delivered.

5. Recognition of qualifications

The European Qualifications Framework (directive EU2005/56) has sought to address the issue of cross-border recognition of qualifications but deficiencies exist in this directive with regard to medical specialties and the EJD is separately lobbying on this matter

The proposed amendments to the directive have sought to harmonise the recognition of qualifications

The directive also has amendments that address the legal standings of doctors in different jurisdictions and allow for background legal investigations of medical personnel who offer cross-border services. This applies especially in the area of e-medicine and telemedicine.